



RIDES FOR GOOD

Passenger Registration

Date: Name: DOB:

Street Address: City: ZIP:

Email: Mobile Phone: Alternate Phone:

Occupation: Employer:

Are you Hispanic or Latino (Y/N)? YES NO

Race (check): White/Caucasian American Indian/ Alaska Native Asian
 Black/African American Native Hawaiian/ Other Pacific Islander

EMERGENCY CONTACT:

Name: Relationship to Self: Phone:

Note - this phone number must be different than the mobile or alternate number listed above.

Address:

City: State: Zip:

WILL ANYONE BE TRAVELING WITH YOU (Y/N)? YES NO

Note - each passenger must have a Passenger Waiver Form signed and on file in our office before a ride can be scheduled.

DO YOU HAVE ANY NEEDS A DRIVER SHOULD KNOW ABOUT? (Ex. Limited vision, walker use, need assistance walking, etc.)

DO YOU SPEAK/ UNDERSTAND ENGLISH (Y/N)? YES NO

If no, which language? Name of English speaking contact Mobile Phone #

How did you hear about Rides for Good? Are you a Veteran (Y/N)?
 YES NO

FOR WHAT PURPOSE(S) DO YOU ENVISION USING RIDES FOR GOOD? Check all that apply.

- Food/Groceries
- Pharmacy
- Legal Aid
- Class
- Medical/Dental
- Faith Activity
- Mental Health Therapy
- Workforce Training
- Job
- Social Services
- Other (please specify)